

EMS Code Task Force Meeting Minutes

May 5, 2008

The Idaho Code Task Force held a meeting on this date in the East Conference Room of the Joe R. Williams Building, 700 West State Street, Boise, Idaho. Facilitator Bob Werth called the meeting to order at 9:05 a.m.

Task Force Member Attendees:

Bob Werth, Facilitator
Dia Gainor, EMS Bureau
Gary Rohwer, ISFCA, via. teleconference
Ron Frazell, ISFCA
Joe Young, IAC
Lynn Borders, IFCA
Mark Niemeyer, IFCA
Mike McGrane, IHA
Murry Sturkie, EMSPC
Roger Christensen, IAC
Ron Anderson, IFCA
Ted Ryan, IHA
Teresa Baker, IAC
Tom Allen, AIC
Troy Hagen, IAC
Wayne Denny, EMS Bureau

Other Attendees:

Scott Tucker, Canyon County Ambulance Dist
Peter Benjamin, Canyon County Ambulance Dist
Travis Spencer, Canyon County Ambulance Dist
Shaun Ford, Canyon County Ambulance Dist
Sara Osler, Canyon County Ambulance Dist
Kerry Ellen Elliott, IAC
Diana Hone, EMS Bureau

Review and Approval of April Minutes

Ron Anderson moved and Lynn Borders seconded the motion to approve the draft minutes for the April 4th meeting as submitted.

Motion passed unanimously.

Review of presentations made by different task force members

Task force members have found that as they present the overview information regarding the proposed Emergency Medical Services System Districts, many of the same questions, concerns and fears arise among stakeholders that they all had when they first started working together on this project. Stakeholders want to know what this proposed EMS System District means and how it will impact them. It is a great paradigm shift for everyone. Task force members feel the need to continue to explain

the representative nature of the task force. It was agreed that the list of representatives along with their contact information should be made readily available to the public. Task force members need to continue to affirm the importance of the stakeholder questions and that the task force is interested in their feedback Stakeholders are going to have to “Form, Storm and Norm before they can Perform” just as the task force members did. It will take time for people to gain a full understanding and be able to see the big picture.

Those that had used the material developed last month for their presentations felt it didn’t tell enough of the story of how, why and how long the members have been working on this process. Two and a half years of work is not easy to lay out in a presentation and get people to understand. Members requested more of the historical story be put into the presentation to set the stage for what happened when the task force began so people will have a better sense of the conflict and where the task force is now. They felt they will need to explain the process they went through, the hours spent, and that everyone had to give up something to try to make a system that would provide better patient care and better collaboration between all EMS stakeholders as a whole.

It was reported that for the most part once the stakeholders understood what we are trying to do, they just wanted to read the draft legislation. It was agreed that a hard part of this is that the actual legislative document is not out there yet. The task force had agreed to hold off on releasing the draft legislation until it was in near final form to avoid as much confusion as possible.

The potential value of an executive summary was reinforced.

Revenue and funding are a main concern for stakeholders. This was discussed at length later in the meeting.

Dia Gainor, EMS Bureau Chief, reported she had briefed her staff on this for the first time also. This architecture or structure is something completely beyond the realm of what any of them had contemplated as a possibility. Their questions centered around what they would be doing in a regulatory or system support role as a result. Dia does not feel there is another state that is taking this kind of approach of figuring out first what the structure should be at the local level that best assures patient safety and optimal system performance. And then, second, what do the state laws and rules need to look like from the regulatory agency to support that. The few states that have taken a countywide approach have done it the other way around where the state decides what agencies are going to have to do to be licensed and what is required to license a system.

Mike McGrane expressed his feeling that the beauty of this is the flexibility. Each area can address their needs, especially the rural areas who want to provide good service. He is hopeful this will generate volunteerism, as people will be part of something in which they have a say.

Slide presentation review and update

The task force went through the slide presentation again, addressing the things noted above and others. The revised slide presentation is attached. Some of the main points of concern follow:

Review of History: This task force began in 2006, originally as the Idaho State Fire Commissioners Association task force when they were working to rewrite some of their laws relating to fire code and

the provision of EMS services. They wanted to specifically add the provision of ambulance, rather than where it says today “the preservation of life.” After a lot of discussions and concerns about that from ambulance taxing districts and others including issues from the Supreme Court decision up in Bonner County, they chose to develop a task force to work with the counties and with the EMS Bureau and try to work through a couple of different ways as to how to address this ambulance issue.

Task force members want to stress this is not state driven. The state EMS Bureau is just a participant alongside everyone else. The reasons for developing the EMS System District include:

Medicare reimbursement cuts

Sagle Fire Dist (Bonner County) suit

Repeal of local governmental authorization by EMS Bureau

Historical events

Repeal of local governmental authorization

Institute of Medicine (IOM) report

Ada County ruling 2007

To address the issue of ambulance districts feeling they are not represented, explain that under Title 31, Chapter 39, ambulance districts are governed by county commissioners and county commissioners belong to the Idaho Association of Counties (IAC). It was noted that there will always be groups that feel they were not represented. When the task force was created there was lengthy discussions about who should sit around the table, what size group would be workable, and that the elected officials are the ones that have accountability and liability.

The group identified that the following materials may serve as assets:

Executive summary

County Ambulance District map included in slide

Speakers notes so a more detailed handout could be distributed.

Emphasize the Vision Statement by placing it at the end of the presentation as well as near the beginning on slide 7: “Optimal patient care through structure and collaboration among elected officials, administrative leaders, and the medical community across all EMS agencies within a geographic area.”

Funding issues and disputes:

Put “shrinking revenues vs. increasing demands” in the speaker notes.

There were several very lengthy discussions about many funding issues throughout the meeting. The “Funding” slide stimulated a discussion about revenue sources such as bake sales and other revenue sources and whether the term “user fees” would help clarify the intent. The slide was changed to read “The governing board sets the *user* fees charged for EMS agency responses; *EMSS* revenues are deposited into the dedicated district fund”

It is important to stress the point and make sure it is clear in the legislation and presentations that the intent of the EMS System District (authority) fund is not to take over revenue functions for every independent agency that is providing ambulance service. Only the EMS tax levy, 911 user fees, and license plate fees would go into the EMS System District (authority) account. A question was asked

about what revenue would be deposited in the Authority Fund. Discussion ensued about the expectation that all other revenues such as bake sales and money from the cities would go to the specific agency not the authority fund. The expectation is that whatever cities have provided for funding before has to continue because it is needed. Contributing organizations, such as cities, will not change how or where they expend money for the purpose of making EMS manpower and resources available. The intent is that the authority is to be an oversight body that will take into account the tax revenues and 911 user fees collected to help all agencies survive but they may not provide all the money to support the agencies in their system. The hope is that efficiency will be enhanced throughout the entire system with the authority oversight.

Section xx-xx10, Line 80 of the draft legislation uses the term “other revenue.” There was recollection that the purpose for that language was to allow the system to do such things as a subscription program. It was felt that would impact user fees.

The structure slides were reorganized to show a more step by step explanation of the pyramid and corresponding duties.

Administrative Authority - 3 year term

There was discussion about why the draft cites 3 year terms if elected official terms are 4 years. Further discussion reinforced that we are using 3 year terms or end of the elected term. If a member's elected term expires in the middle of their EMS System term, the new person would fulfill the remainder of that existing 3 year term so the rotation is not disrupted.

The group discussed the transitional period / grandfathering in 56:57; specifically where does everybody go and how does the transition work?

It was stressed that the language in the draft states that no agency can be reduced or eliminated without the unanimous consent of the governing board.

A concern that was communicated that those on the Administrative Authority still don't have a vote. There is the perception that this is an advisory council, but it is not. It is operational. Created new “Governing Board Duties” slide. Decided not to put the word “voting” in either slide – just put what they each do.

Review Draft Legislation v. 2.4

Section xx-xx7. Levy Continued or Implemented. Idaho Code Title 31, Chapter 39: 3908 .04% levy and 3901 .02% levy and the possibility of combining them to equal a .06% levy were discussed at great length.

There was discussion about other types of districts and the fact that library districts and recreation districts enjoy a .06% levy. There was consensus among task force members that additional funding for EMS systems is badly needed because of Medicare and Medicaid changes, increased population, higher public expectations regarding EMS service, more paid EMS providers rather than all volunteer systems, etc. But some did not want to jeopardize the entire proposal because some legislators may feel we are trying increase taxes. Others felt this was the best opportunity to get the funds needed and to have the ability to negotiate. Throughout all of these discussions there was concerns voiced about the county 3% cap.

It was decided that when the new EMS System District is established they may set their levy at .04% which is allowed now. When existing ambulance districts are transitioned to the new EMS System District they may set their levy at .04% as well. If a district feels there is a need to go to the .06% they must seek the additional .02% through a 2/3 vote of the public. Task Force members should emphasize that this is not new taxes, it is a reorganization of existing tax revenue.

Section xx-xx7. When an ambulance district doesn't cover a whole county and they become a new EMSS District does the levy apply to the new property as well? The Idaho Code Section that covers this needs to be added to #3 on Line 51 by Teresa.

What would happen to ambulance district employees was a concern that came up after the presentation to the Ada County Fire Chiefs and was discussed several different times during this task force meeting. One questions was: When employees of the ambulance district become employees of an EMSS district, how is the EMSS district going to be able to negotiate insurance and such like the ambulance district does on the county level now? This could be an increase in cost and warrant a levy increase.

Section xx-xx03 was written to cover the fact that ambulance "district" resources, including employees, will still be "district" resources, just with a different district name. The newly formed EMS system district will decide what employees will continue once they develop their operations plan. Again it was emphasized that nothing new is being created, just renamed.

There was concern about the potential conflict of interest with the ambulance district people now being employees of the EMS system district that has the ability to levy taxes and is operating as a provider in direct competition with other agencies.

The question was asked if they become employees of the EMS system district, does that mean they no longer are County employees, so this new EMS system district has to have a tax ID#, they have to have HR people, they have to have payroll people... how is all that going to work? Roger stated that he thought Troy was a county employee by agreement of Ada County with the ambulance district, but Troy stated he is not a county employee. He is an employee of the Ada County Ambulance District which pays Ada County almost \$1,000,000 a year for all those services.

Task Force members stated that they understood the potential conflict about a player being involved in the system. But there will also be folks that will be concerned when this alternate form of governance is put in place and a Fire District Commissioner and a city now control their fate, as opposed to three County Commissioners. The administrative and political authority architecture they are proposing can and should be able to correct any problems. The need for the possibility of the EMS System to be a provider because they may have to cover the no-man's land areas if no other agency can or will cover it was discussed. There was concern about the \$1,000,000 cost for HR, legal, healthcare, etc., and if that cost will go up.

Line 66. Delete 66-75 per Teresa explaining they are covered under another section and this is not needed.

Line 164. Leave as written. Delete italicized lines.

Line 192. both sets of County Commissioners – joint decision of both/all, for the remainder of the term

In Section xx-xx29 all references to “commission” should say “authority”

Line 309. copy and paste section xx-xx54 Medical Authority - Conduct to make Administrative Authority – Conduction section.

Section xx-xx31 & section xx-xx19 as well: Vacancy - spell out the newly appointed person will fill out the remainder of that term to keep that board member on a predictable cycle.

Interfacility Transfers Sections xx-xx41, 42 and 43

A subcommittee was formed at the last meeting to work on this language. Mike McGrane, Ted Ryan, Joe Young, Troy Hagen, Dia Gainor, Steve Millard, and Gary Rohwer. Hospitals are under increased federal regulations as far as interfacility transfers are concerned so that is one reason it is being addressed here. Hospitals need to have control over those interfacility transfers. Another lengthy discussion ensued including whether to exempt the provider or the function, whether to exempt only hospital operated agencies to and from their own hospital, any hospital to any hospital transfers, any agency the hospital contracts with for this function, which EMS system district is affected ie. where the majority of patients originate or where the agency is located, etc.

The purpose of the exemption is for the interfacility transfer but not other things like communications, stopping at red lights, lights and sirens, etc. The subcommittee felt the original concern about all interfacilities being off limits centered around the possibility of a non-hospital based organization showing up in a county and be free to do whatever they'd like on interfacilities and thereby undermine the financial stability of the 911 providers. The provision as written gives the authority the ability to put limits and conditions on an ambulance service that wants to do business in their system.

Ted felt perhaps this whole thing was more of a licensing issue about abiding by state laws and some minimal requirements if you are going to operate an ambulance in the state of Idaho.

Line 386 it was agreed to strike “owned and operated by an acute care facility” and to talk about being in compliance with requirements of the district in which the patient originates. Do not have to worry about every district they pass through or land at on the transfer.

Proposed new wording for Section xx-xx41 is as follows: “An EMS agency that provides interfacility transfers of patients between acute care facilities is exempt from any limitations to provide interfacility transfers of patients originating in that district by the board of that district. This may include specialty care transport services provided directly or jointly with resources provided or approved by the authority. The EMS agency is obligated to comply with all other requirements as published in the district operations plan.” After a bit more discussion the consensus was to change to language to something about “the authority where the majority of patients originate.”

Left Title of Section xxx41 as “provided BY acute care facilities”

Change the Title of Section xxxx42 to “Ground” rather than “Other”

Change the Title of Section xxxx43 to “Exemptions Related to Air Medical Transport”

Line 419 Delete first sentence of section xxxx46

Section xxxx49 Line 442 - It was discussed that additional work needs to be done in relation to moratoria. Teresa thought we had decided we need this ability, Troy noted the District will not have ordinance authority so not sure it is written correctly. It was decided that help was needed to resolve and clarify this section because moratorium ability is needed but not ordinance making authority.

Task force members want this draft legislation out there for the public to see as well as an executive summary. It was requested that every sponsoring entity represented here prominently display the information on their websites. Need to start trying to find a sponsor for the legislation. A continued desire for the FAQ was also expressed.

Next meeting: June 12th 0900

Adjourned: 1600